



Change of Retirement Plan Trustee or Plan Administrator Form

Use this form to add, remove or replace a trustee or plan administrator on your existing qualified retirement plan.

- Do not use this form if the Tax ID Number is changing or if you are changing the legal name of a current trustee or plan administrator.
- Please attach a copy of the plan's adoption agreement referencing the named trustee(s) or plan administrator(s).

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Plan Information

TIN (Required)

Invesco Account Number or Plan ID

Name of Plan

2 | Removing Trustee(s) or Plan Administrator(s)

I authorize Invesco Investment Services, Inc. (IIS) to remove the following trustee(s) or plan administrator(s) from the account/plan referenced in section 1.

Full Name of Trustee(s) Plan Administrator(s) to be removed:

1.

2.

3.

3 | Trustee(s) or Plan Administrator(s) Information (Required)

I authorize IIS to update the current trustee(s) or/and plan administrator(s) on the account/plan referenced in section 1 to the trustee(s) or plan administrator(s) listed below.

Important: Please include all trustees or plan administrators that are authorized to transact on the plan. The trustee(s) or plan administrator(s) named below will replace those currently on file with IIS.

IIS will accept transaction authorization from one trustee or plan administrator alone, unless indicated below.

All trustees' or plan administrators' signatures are required to authorize transactions for the Plan.

1. Full Name of Trustee Plan Administrator

Social Security Number (Required)

Date of Birth (mm/dd/yyyy)

Mailing Address (Including apartment or P.O. Box number)

City

State

ZIP

Please update the plan's address of record to the address provided above. (Check if applicable.)

2. Full Name of Trustee Plan Administrator

Social Security Number (Required)

Date of Birth (mm/dd/yyyy)

Mailing Address (Including apartment or P.O. Box number)

City

State

ZIP

3. Full Name of Trustee Plan Administrator

Social Security Number (Required)

Date of Birth (mm/dd/yyyy)

Mailing Address (Including apartment or P.O. Box number)

City

State

ZIP

4 | Authorization and Signature(s) (Please sign and date below.)

As trustee, plan administrator, I certify the information provided is true and accurate. I understand and agree that this document, upon receipt by IIS, supersedes and revokes in entirety any existing trustee or plan administrator designation on file with IIS.

By signing this form, (i) I authorize and direct IIS to take action as specified above, and (ii) I agree to indemnify and hold harmless IIS, its affiliates, each of their respective employees, officers, trustees, or directors and each of the Invesco Funds from and against any and all claims, losses, liabilities, damages and expenses that may be incurred by reason of your actions taken in accordance with the instructions set forth herein.

Signature of Trustee or Plan Administrator (Required)

Date (mm/dd/yyyy)

Name (Please print.)

Certification of Acknowledgement of Notary Public:

State of _____, in the County of _____ Subscribed and sworn before me by the above-named individual who is personally known to me or who has produced (type of identification)

_____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on

(Date - mm/dd/yyyy) _____ .

Notary Public: _____

My Commission Expires: _____

Date (mm/dd/yyyy) _____

Notary Seal

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

Signature of Trustee or Plan Administrator (Required)

Date (mm/dd/yyyy)

X

Name (Please print.)

Certification of Acknowledgement of Notary Public:

State of _____, in the County of _____ Subscribed and sworn before me by the above-named individual who is personally known to me or who has produced (type of identification) _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on (Date - mm/dd/yyyy) _____ .

Notary Public: _____

My Commission Expires: _____

Date (mm/dd/yyyy) _____

Notary Seal

Signature of Trustee or Plan Administrator (Required)

Date (mm/dd/yyyy)

X

Name (Please print.)

Certification of Acknowledgement of Notary Public:

State of _____, in the County of _____ Subscribed and sworn before me by the above-named individual who is personally known to me or who has produced (type of identification) _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on (Date - mm/dd/yyyy) _____ .

Notary Public: _____

My Commission Expires: _____

Date (mm/dd/yyyy) _____

Notary Seal

5 | Mailing Instructions

Please send completed and signed form to:

(Direct Mail)
Invesco Investment Services, Inc.
P.O. Box 219078
Kansas City, MO 64121-9078

(Overnight Mail)
Invesco Investment Services, Inc.
c/o DST Systems, Inc.
430 W. 7th Street
Kansas City, MO 64105-1407

For assistance please contact an Invesco Client Services representative at 800 959 4246, weekdays, 7 a.m. to 6 p.m. Central Time.

Visit our website at invesco.com/us to:

- Check your account balance
- Confirm transaction history
- View account statements and tax forms
- Sign up for eDelivery of statements, daily transaction statements, tax forms, prospectuses, and reports
- Check the current fund price, yield and total return on any fund
- Process transactions
- Retrieve account forms and investor education materials

Call the 24-Hour Automated Investor Line 800 246 5463 to:

- Obtain fund prices
- Confirm your last three transactions
- Order a recent account statement(s)
- Check your account balance
- Process transactions

To use the system, please have your account numbers and Social Security number available.